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ABSTRACT

Much of the extensive diagnosis, testing, and data collection that now occur in reading clinics is time consuming and unnecessary. Private and university-based reading clinics, however, need to provide worthwhile activities that support students' literacy learning while they consider the important relationship of instruction and evaluation. After attempting congruence with the schools, the clinic teacher should apply "kidwatching" strategies as he or she builds and activates students' prior knowledge, develops their metacognitive awareness, and guides them to become independent readers. These and other considerations should be observed and applied by graduate students who have successfully completed appropriate courses and a required practicum. Thus, the clinic activities would benefit not only the children but also prospective teachers who will provide future generations of learners with cohesive instruction and evaluation. (Two figures are included; 27 references are attached.) (RS)

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Needed: Private and University-Based Reading Clinics with an Updated Perspective

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Students who experience major difficulty learning to read may be referred to a private or a university-based reading clinic. In such a setting, diagnosticians usually engage parents in an intake interview to gain insights concerning the potential causes of their children's reading problem. The children are then administered an extensive diagnosis involving an informal reading inventory, individual standardized reading tests, individual mental ability tests, psychological and emotional screening, and auditory, visual, and speech screening. Some clinics also obtain medical and nutritional data (Ehrlich et al., 1984-85).

While these approaches support a volume of information, much of this data collection is time consuming and unnecessary. It also does not significantly affect instruction since extensive testing in reading not only takes valuable time away from learning but also provides insufficient information concerning students' love of language, their prior knowledge, their authentic writing, their comprehension of complete stories, and other growth patterns (Sanacore, 1991a). Similarly, extensive intelligence testing does not generate important insights about learners' potential for reading success, nor does it provide useful information for effective instruction. Clearly, what is needed in private and university-based clinics is a perspective that involves a close connection between learning and evaluation.

What Type of Connection?

According to Goodman (1989, p. 4), evaluation must be an integral part of the curriculum.

> ...it cannot be divorced from classroom organization, from the relationship between teachers and students, from continuous learning experiences and activities. To think about and plan for evaluation, it is necessary to keep in mind the classroom and its organization. There is no way to separate the role of evaluation from the dynamic teaching/learning transaction.

Although Goodman's comments are directed to the classroom context, they also have merit for the clinic setting. At the least, the clinic should attempt congruence with the classroom community of which the students are still members. This type of congruence supports cooperation in both classroom and clinic so that instruction and evaluation are linked to similar strategies, activities, and materials as well as to the interaction of small groups of students. Since clinics tend to function in isolation and to emphasize individualized instruction, congruence becomes an important initial issue that should be resolved. This resolution, however, is not easy because some school districts are blatantly uncooperative in working with clinics, while others are only moderately cooperative. Rarely, do schools and clinics maintain congruence throughout the school year. Nonetheless, the clinic teacher should attempt cooperation by contacting the schools' reading personnel or by communicating directly with students in the clinic.

As important as the level of congruence achieved are the approaches the clinic teacher uses in connecting instruction with evaluation. Goodman (1989) and Marek et al. (1984) suggest kidwatching which. involves observing, interacting with, and

analyzing students. Observation concerns watching from a distance and making judgments about students' collaboration, leadership, problem solving, and language. Interaction involves conferences, discussions, and responses in journals to determine students' knowledge and to motivate them to explore higher horizons. Analysis includes in-depth approaches, such as close attention to spelling development and miscue analysis, so that sociolinguistic and psycholinguistic insights are considered when determining students' awareness of language and development in language use. Goodman (1989, p. 8) stresses that in most situations, observation, interaction, and analysis are overlapping and integrated. "They are strong evaluation tools, especially when they are used in concert. Each can help confirm the information gained from the use of the others."

If the clinic teacher is working with a small group of students, there are enough opportunities to apply kidwatching strategies. Recently, during a clinic lesson, three students discussed a story just read, while the teacher observed one student dominating the discussion, another involved somewhat in the discussion, and still another not involved at all. This observation implied a lack of symmetrical collaboration among all members of the group and suggested that the teacher's intervention was needed. During the intervention, the clinic teacher initially assumed that the assertive student was comfortable in a group setting, while the quiet student was shy; consequently, the teacher serving as a moderator would theoretically resolve the problem. While interacting with the group, however, the clinic teacher

realized that the quiet student had insufficient prior knowledge to understand the story and therefore had little or no information to contribute to the discussion. The teacher then worked with the student on an individual basis to analyze and activate his prior knowledge and predictive strategies before and during the next reading experience. This integration of kidwatching strategies linked evaluation and learning as it provided students with opportunities to improve their reading.

Prior Knowledge

Students enrolled in a clinic program benefit from having their prior knowledge (or schemata) activated and associated with their literacy learning, especially if this approach considers the necessary relationship of instruction and evaluation. The importance of schemata has been supported by researchers and theorists, including Adams and Bruce (1982, p. 23) who state, "Without prior knowledge, a complex object, such as a text, is not just difficult to interpret; strictly speaking, it is meaningless." Fortunately, a number of worthwhile strategies are available for activating students' prior knowledge and for linking it to learning activities (Sanacore, 1985).

PReP. One such strategy is PReP (Langer, 1981), which is a three-step assessment/instructional plan to be used before reading. It is designed for small-group discussion, but it also can be used for individual instruction.

The first phase of PReP concerns initial associations with an

important picture, word, or phrase selected from the reading material. For example, if the children are going to read a story about grandparents, the clinic teacher might ask: "What do you think about when you hear the word grandparent?" Responses might include "takes me to the park," "lives in Florida," "plays with me," "reads to me," "happy," "blind," "sick," "Alzheimer's," "works," "takes care of me," and "dead." As the clinic teacher places children's responses on the chalkboard, he/she stimulates small-group discussion, highlighting the importance of each child's contribution.

The second phase of PReP gives learners the opportunity to make reflections on their initial associations. Learners discuss the reasons for their responses in the first phase, and they become more aware of their varied schemata. They also "may weigh, reject, accept, revise, and integrate some of the ideas that come to mind" (Langer, 1981, p. 154).

The third phase of PReP helps students to reformulate their schemata of the text to be read. The clinic teacher asks: "Based on our discussion and before we read the text, have you any new ideas about grandparents?" During this phase, learners increase their perspective of the key word because they already have thought about their prior knowledge and have placed it within a pertinent structure.

An important aspect of PReP is that it guides the clinic teacher to (1) determine how much information a student has about a target concept and also how well the student has organized this information; (2) develop better awareness of the language a learner

uses to show knowledge of a given topic; and (3) judge how much additional vocabulary and prior knowledge are needed before the learner can understand the text successfully.

Literacy Map or Web. In addition to Langer's prereading plan, the clinic teacher may decide to use another approach with a different structure for activating the children's prior knowledge and linking it to a story about grandparents. Thus, as the children discuss their grandparents, the teacher associates their comments with a literacy map or web. This type of structure helps learners visualize the relationship of their responses to important categories; it also helps them understand, retain, and apply pertinent prior knowledge. Figure 1 links comments make during a small-group discussion to a literacy map or web. The clinic teacher initially recorded on the chalkboard free-flowing comments made by the children. Afterward, she helped the children place these comments under three categories: "lives in a nursing home," "does things with me," and "works." This discussion and structuring of information were useful not only to enhance instruction in a reading and writing unit about grandparents but also to gain evaluative insights about the children's prior knowledge.

Structured Overview. Another technique for preparing students to read a story or content assignment is the structured overview (Thelen, 1982). This approach helps learners to organize their prior knowledge into a conceptual hierarchy, to fill gaps in their

prior knowledge if such gaps exist, and to link these experiences to the text they are going to read. The clinic teacher motivates students to become involved in developing a graphic hierarchy of a key word, such as grandparents. While avoiding jargon during the instructional lesson, the teacher guides the children to grasp the concept of grandparents in the context of supraordinate, coordinate, and subordinate concepts. The teacher also helps the learners to understand examples, nonexamples, relevant attributes, and irrelevant attributes of the target concept. Figure 2 shows a structured overview that highlights grandparents within a conceptual hierarchy. The supraordinate concept is people, the coordinate is family, and the subordinate is Grandma Gomez or Grandpa Smith. Additional information is provided to further clarify aspects of the target concept. As with other strategies for activating prior knowledge, the structured overview is beneficial for both instruction and evaluation.

PReP, the literacy map or web, and the structured overview give students the help they need to be successful during reading, writing, or listening to a read-aloud session concerning a grandparent (or another topic or theme). As children in the clinic build and activate their prior knowledge, the clinic teacher is able to support the momentum by incorporating a variety of children's literature related to the topic. For example, the following children's books are about grandparents:

Rose Blue's Grandma Didn't Wave Back

Ron Brooks' Timothy and Gramps

Tomie de Paola's Now One Foot, Now the Other

Norma Farber's How Does It Feel to Be Old?

Patricia MacLachlan's Through Grandpa's Eyes

Elaine Moore's At Grandmother's House

Helen Oxenbury's Grandma and Grandpa

Cynthia Rylant's Miss Maggie

Ruth Sonneborn's I Love Gram

Charlotte Zolotow's My Grandson Lew

These and other materials are enjoyed more thoroughly when children's prior knowledge is activated and associated with the materials. This approach also supports the predictive ability and the growing fluency of these "problem" readers and writers. With such a successful foundation, children are more likely to continue their zest for using and appreciating language.

Metacognition

Metacognition is another important area that deserves serious consideration in a private or university-based reading clinic. Metacognition refers to the conscious awareness and control of the comprehension act. According to Flavell (1976, p. 232):

> I am engaging in metacognition... if I notice that I am having more trouble learning A than B... if it strikes me that I should double check C before accepting it as a fact... if I sense that I had better make a note of D because I may forget it.... Metacognition refers, among other things, to the active monitoring and consequent regulation and orchestration of these processes in relation to the cognitive objects or data on which they bear, usually in the service of some

concrete goal or objective.

Brown (1980) elaborates aspects of metacognition and reading, and she focuses on "knowing when you know," "knowing what you know," "knowing what you need to know," "knowing the utility of active intervention," and "study-time utilization." When these concerns are highlighted, learners have opportunities to think consciously and monitor actively during the reading and studying of text.

What follows are several strategies for blending metacognition and reading. These can be used effectively with individuals and with small groups of students as the clinic teacher links instruction and evaluation (Sanacore, 1985).

Monitoring and Resolving Comprehension Blocks. Garner and Reis (1981) conducted a study concerning the monitoring and resolving of comprehension obstacles. Specifically, these researchers focused on spontaneous text lookbacks and their effects on eliminating comprehension blocks. Students classified as good comprehenders (grades 6-8) and poor comprehenders (grades 4-10) read a passage with three paragraphs. At the end of each paragraph were questions, some of which required students to look back for the purpose of retrieving information from previously read paragraphs. After analyzing the results, the researchers found that good comprehenders in eighth grade used monitoring and lookback strategies. They also determined if the comprehension block could be resolved, and they were able to employ fixup strategies. Conversely, poor comprehenders rarely used

monitoring, nor did they spontaneously use lookbacks.

Realizing the importance of these metacognitive strategies, the clinic teacher can develop passages that a student can decode with no difficulty. Questions for each passage are interspersed so that some of them would require the reader to look back at paragraphs already read. The passage is presented on separate sheets with a paragraph on the top and questions on the bottom. Thus, the clinic teacher can observe the reader's lookback behavior more easily. While some of the questions require the student to look back, others are answered with relative ease. Fluency and meaning, therefore, are not disrupted significantly. After the student reads each paragraph, the clinic teacher asks questions. The paragraphs already read are situated at a ninety degree angle to the student. Consequently, he or she is encouraged to reread the text as the teacher monitors lookback behavior. Also important is the observation of verbal and nonverbal behavior, such as grunts, actual corrections, lookbacks, long-response hesitations, eye contact with direction-giver, and facial distortions. According to Patterson, Cosgrove, and O'Brien (1980), these behaviors can reveal understanding or lack of understanding. These suggestions for monitoring and resolving comprehension obstacles are adapted from the Garner and Reis (1981) study, and they have practical application to individualized instruction. While motivating students to be metacognitive, interactive readers, the clinic teacher guides them to "(1) recognize that a failure has occurred, (2) decide whether to do something about the failure at that time, and (3) engage (conditional upon step 2) in fixup

activities which supply the prerequisite information" (Alessi, Anderson, & Goetz, 1979, p. 199). As observations reveal that readers are regularly using these metacognitive strategies, the teacher encourages the learners to apply such strategies during independent reading.

Creating Story-Specific Questions. Another metacognitive approach which supports learning and evaluation is self-questioning. Singer and Donlan (1982) conducted a study involving an experimental group of eleventh grade students who were taught a problem-solving structure for comprehending complex short stories. The stories' plan, goal, action, obstacles, and outcomes were included in the problem-solving schema. Students were taught to relate this schema to general-type questions and to convert the general-type questions to their own story-specific questions. Then, the students read the text while answering their own questions. Meanwhile, the control group read with the purpose of answering story-specific questions that the teacher posed. The results of the study supported the experimental treatment, since students were effective in learning the problem-solving schema with its related factors and in applying the schema to complex short stories. The students also significantly improved their understanding of complex narrative text.

The results of this study have value for the clinic setting, because readers benefit from learning self-questioning strategies. While motivating students to apply these strategies to narrative text, the teacher's key role is to help the learners make a smooth transition from easy to challenging text. Initially, the clinic

teacher presents easy, interesting stories and asks schema-general questions about their leading character, goal, obstacles, outcome, and theme. These types of questions help readers grasp the structure and content of the stories. As learners develop confidence with this approach, the clinic teacher gradually introduces complex short stories and guides the learners to convert story-general questions to story-specific questions. The students also are motivated to read for the purpose of answering their own questions. The following illustration is adapted from Singer and Donlan (1982, p. 173), and it shows a progression from teacher-developed schema-general questions to student-generated story-specific questions.

Schema-General Questions	**Story-Specific Questions**
Who is the leading character?	Is the story going to be more about the officer or the barber?
What is the leading character trying to accomplish in the story?	Will the barber kill the officer with the razor?
What stands in the way of the leading character reaching the desired goal?	Will the officer be a willing victim?

An important support system in learning this strategy is the clinic teacher "watching" the students progress from easy to complex short stories and from schema-general to story-specific questions. A sensitive teacher will know when to reinforce current learning,

when to encourage students to resolve related problems, and when to advance instruction to include more challenging stories and questions.

Developing Study Strategies. Adams, Carnine, and Gersten (1982) explored the use of a variation of SQ3R. Their study also concerned aspects of task analysis and direct instruction. The target population consisted of fifth grade students with adequate decoding skills but poor study strategies. Fifteen students in each of three instructional groups received different training procedures. One group was exposed to systematic instruction in using a variation of SQ3R which included surveying headings and subheadings of a text, reciting the subheadings, converting the subheadings to questions concerning what may be necessary to learn, reading to find answers related to the questions and to find other important information, and rereading the subheadings and reciting essential information related to them. After reading the entire passage, the group of students reviewed it by reading the subheadings and remembering important related information. Another group of students was exposed to independent study with feedback, and these students engaged in traditional seatwork; this included studying a text independently until they assumed they learned the essential information. The third group of students received no instruction; while remaining in regular classrooms, these students did not become involved in any of the above training activities. The results of the study indicated that the group receiving systematic instruction performed significantly better than the

other two groups on immediate and delayed short answer tests. No significant difference was noted between the other two groups.

The positive study behaviors observed in the systematic instruction group support the usefulness of teaching related metacognitive strategies in the clinic. Using textbook chapters that are consistently organized, the teacher shows learners how to apply SQ3R (Survey, Question, Read, Recite, Review), developed by Robinson (1962). A variation, such as the one used in the Adams, Carnine, and Gersten (1982) study, is also appropriate. Initially, the clinic teacher guides students to survey the heading, introduction, subheadings (or clear topic statements), illustrations, and summary. Then, students are encouraged to convert each subheading to a question. Next, the teacher guides learners to read and recite essential information concerning each subheading. Finally, students are guided to rehearse or review the entire chapter by focusing on the subheadings and their important related information. As the clinic teacher evaluates students' performance in using this study strategy, he or she is able to determine how successful they are in monitoring their reading and studying. Specifically, the teacher can assess students' awareness of their own thinking processes by observing them (1) studying what is important, (2) using focused approaches to studying, and (3) deciding how much studying is necessary (Flavell & Wellman, 1977). Information gleaned from these observations should be shared with the students so that cooperative discussions and decisions will complement the students' continued efforts to improve their active comprehension and conscious retrieval of informational text.

Independent Reading

Activating prior knowledge and developing metacognitive awareness are important clinic activities. Such activities, however, are especially valuable in the context of independent reading. Regrettably, corrective and remedial reading teachers often emphasize skill instruction rather than stress contextual reading (Sanacore, 1990b). Allington's (1983, 1984) research suggests that problem readers have less exposure to connected text than efficient readers and that this difference in reading exposure may contribute to the different achievement of these two groups. Allington (1977) supports the use of school time for increased reading during remedial and corrective instruction. Although he focuses on the school setting, his findings also have merit for the private or university clinic. The following suggestions may be helpful in providing problem learners with opportunities to read connected text.

Reading During Instruction. At the least, the clinic teacher should provide time for independent reading during each instructional session. For example, after activating students' prior knowledge of an interesting short story, the teacher encourages students to read it silently. Meanwhile, he or she demonstrates positive behavior by reading along with the students. At times, the teacher observes the students reading at their own comfortable rates. Such observations may reveal a variety of student behaviors, including grunting, vocalizing, making facial

grimaces, and attempting eye contact with the teacher. These behaviors may suggest that supportive intervention is needed. At the conclusion of the instructional session, the clinic teacher encourages students to reread the story to siblings and parents at home. Conferences with parents reinforce the need for developing fluency through repeated readings.

Demonstrating Fluency. Another way of encouraging fluency is to demonstrate it by reading aloud to students. According to Trelease (1989, p. 16), this important activity provides learners with

- A positive reading role model
- New information
- The pleasures of reading
- Rich vocabulary
- Good grammar
- A broader variety of books than they would choose on their own
- Richly textured lives outside their own experiences
- The English language spoken in a manner distinctly different from that in television sitcoms or on MTV.

When demonstrating fluency by reading aloud, the clinic teacher uses materials in which students are interested. These resources include short, dynamic magazine articles that are read in their entirety or longer selections of which only parts are read aloud. As students vicariously experience reading fluency, they expand their awareness of the diversity of available resources. These activities also motivate or tease students to read similar

materials independently (Sanacore, 1990a).

Before reading aloud, the clinic teacher determines students' interests through discussions, interest inventories, or observations of the materials students selected previously for independent reading. During the read-aloud sessions, the teacher observes students' behaviors, including their attending ability as well as their understanding and appreciation. Afterward, everyone should have the opportunity to react to what was read. These activities provide the teacher with insights for future read-aloud sessions. For example, students who have not been read to often may not have the attending ability for longer passages. Matthews (1987) suggests that these students initially have exposure to shorter readings and gradually build up to longer passages. The key point here is that engaging in read-aloud activities and linking them to careful observations establish the right setting for enhancing students' reading interests and fluency.

Using a Variety of Text. As children develop the reading habit and grow with increasing fluency, the clinic teacher should encourage a balance of narrative and expository experiences. In a recent study, Fisher and Hiebert (1990) and Hiebert and Fisher (1990) examined different approaches to literacy instruction. The researchers identified several concerns, including a need for guiding children to experience a variety of text in reading and writing activities.

A common practice with most primary school teachers is to expose children to large doses of narrative text (or fiction),

including basal readers and children's literature. This emphasis on one type of discourse is understandable as young readers are developing fluency and confidence with language. As children become proficient, however, they benefit from more exposure to expository materials (or nonfiction). This transition is essential because children are expected to engage independently in expository/content area assignments as they progress through the grades. Since students enrolled in the clinic are likely to experience difficulty with these assignments, the teacher should accept the challenge of providing the students with a smooth transition to expository materials (Sanacore, 1991b).

Part of this transition involves a metacognitive awareness of textual differences, such as those discussed previously. For example, narration usually consists of a leading character, a goal, obstacles, outcomes, and a theme or moral. By contrast, exposition follows a different pattern consisting of an introduction, subheadings, illustrations, a summary, and discussion questions.

To support this awareness of textual differences, the clinic teacher can stock the library with a wide variety of fiction and nonfiction materials. During instruction, the teacher demonstrates oral and silent reading of both types of text and thinks aloud metacognitively about how the resources are similar and different. This strategy can be applied to a variety of themes by initially sharing children's literature with its familiar story grammar and gradually introducing textbooks with their informational structure. Thus, if the theme concerns children living in cities, the teacher might share Eleanor Schick's 5A and 7B, Ezra Jack Keats' Louie's

Search, and Dawn Thomas' A Tree for Tompkins Park. Then, the teacher can focus on the same theme but guide students to experience it through expository materials, such as The World and Its People: Communities and Resources (Silver Burdett Company, 1984).

For older students, however, the issue of varying text is reversed because most have had too much textbook exposure and not enough literature-based approaches. The clinic teacher therefore could encourage more literature in content assignments. Initially, he or she may cover a historical period or event and may have students read and discuss related information from a familiar textbook. When students have a reasonable understanding of the event, the teacher guides them to experience the event more dramatically and personally. Thus, if World War 11 is the focus of study, then Bette Greene's Summer of My German Soldier and Anne Frank: The Diary of a Young Girl are appropriate sources that reveal poignant aspects of the War. If the American Revolution is being covered, then Esther Forbes' Johnny Tremain and James Lincoln Collier and Christopher Collier's My Brother Sam Is Dead are fine books that represent a variety of perspectives (Sanacore, 1990a).

When encouraging younger and older readers to use different discourse types, the clinic teacher is always watching children's reactions to the materials being read. At times, children may demonstrate frustration or boredom, suggesting that their emerging literacy is not well-matched with instruction. Thus, modifications are considered as the teacher attempts to create the best context for promoting lifetime literacy.

Summary

Within the space limitations of this paper, issues concerning the referral process, intake interview, miscue analysis, and portfolio assessment have not been discussed; nor have support services been addressed, such as screening for auditory, visual, speech, emotional, and psychological problems. Obviously, these considerations have a place in the private or university-based reading clinic.

The focus of this paper is on providing worthwhile activities that support students' literacy learning while they consider the important relationship of instruction and evaluation. After attempting congruence with the schools, the clinic teacher applies kidwatching strategies as he or she builds and activates students' prior knowledge, develops their metacognitive awareness, and guides them to become independent readers. These and other considerations should be observed and applied by graduate students who have successfully completed appropriate courses and a required practicum. Thus, the clinic activities benefit not only the children but also prospective teachers who will provide future generations of learners with cohesive instruction and evaluation.

Figure 1. Structuring Information from a Small-Group Discussion

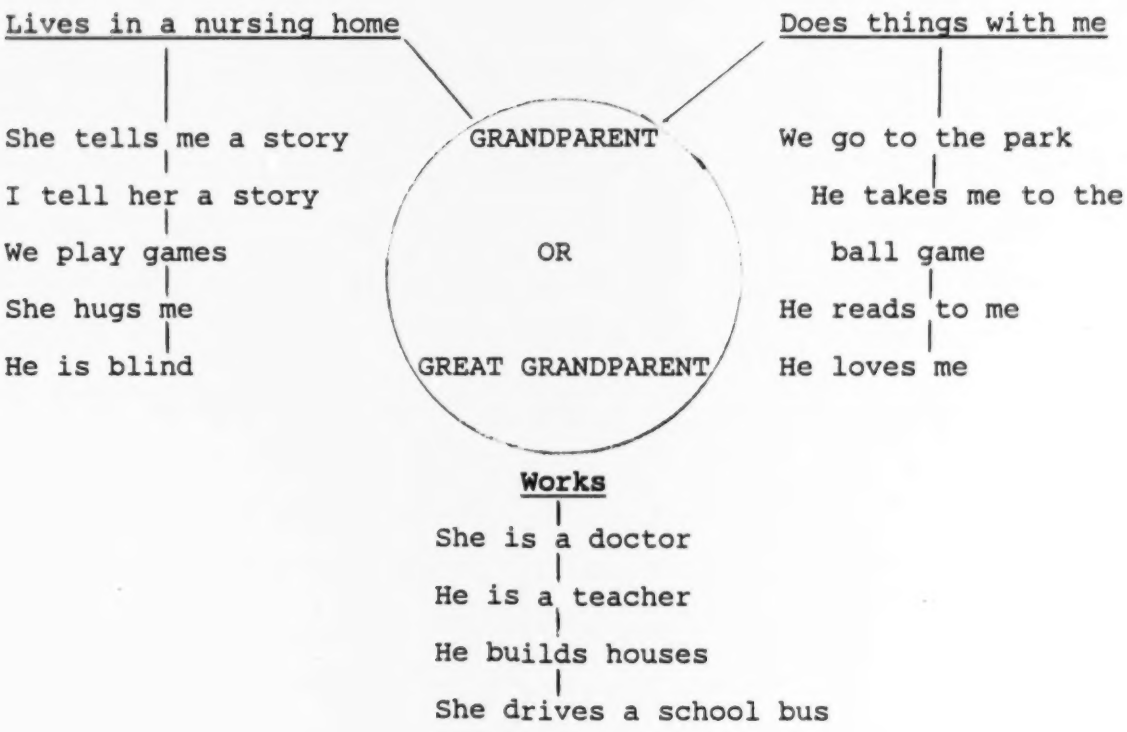
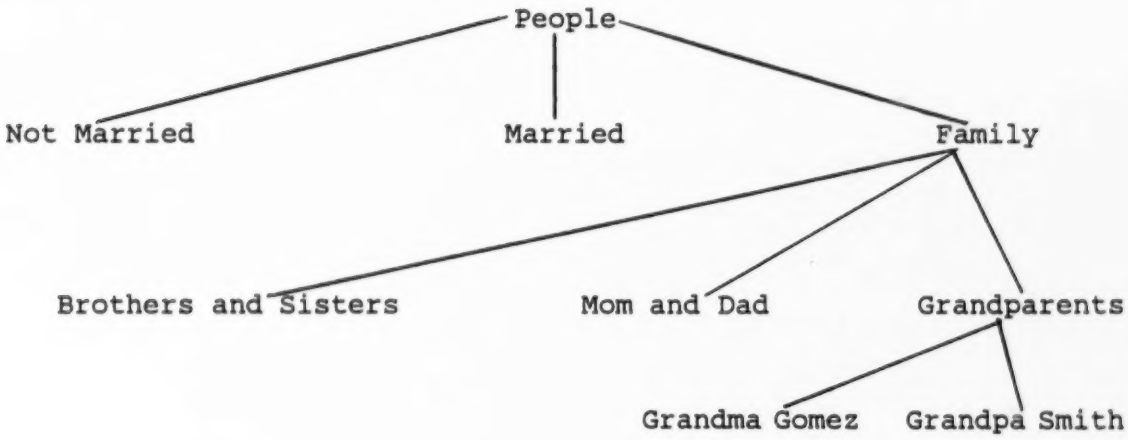


Figure 2. Hierarchy of the Target Concept Grandparents



1. Examples:
   - Grandma Gomez
   - Grandpa Smith

2. Relevant Attributes:
   - Grandma Gomez is my mom's mom
   - Grandpa Smith is my dad's dad

3. Irrelevant Attributes:
   - She is a dentist
   - He drives a taxi

4. Nonexamples:
   - Child
   - Animal

References

Adams, A., Carnine, D., & Gersten, R. (1982). Instructional strategies for studying content area texts in the intermediate grades. Reading Research Quarterly, 18, 27-55.

Adams, M. J., & Bruce, B. (1982). Background knowledge and reading comprehension. In J. A. Langer & M. T. Smith-Burke (Eds.), Reader meets author/bridging the gap: A psycholinguistic and sociolinguistic perspective (pp. 2-25). Newark, DE: International Reading Association.

Alessi, S. M., Anderson, T. H., & Goetz, E. T. (1979). An investigation of lookbacks during studying. Discourse Processes, 2, 197-212.

Allington, R. L. (1984). Content coverage and contextual reading in reading groups. Journal of Reading Behavior, 16, 85-97.

Allington, R. L. (1977). If they don't read much, how they ever gonna get good? Journal of Reading, 21, 57-61.

Allington, R. L. (1983). The reading instruction provided readers of differing reading abilities. The Elementary School Journal, 83, 548-549.

Brown, A. L. (1980). Metacognitive development and reading. In R. J. Spiro, B. Bruce, & W. F. Brewer (Eds.), Theoretical issues in reading comprehension (pp. 453-481. Hillsdale, NJ: Erlbaum.

Ehrlich, M. et al. (1984-85). CRA survey of comprehension testing in clinics. Journal of Clinical Reading, 1, 14-21.

Fisher, C. W., & Hiebert, E. H. (1990). Characteristics of tasks in two approaches to literacy instruction. The Elementary School Journal, 87, 299-306.

Flavell, J. H. (1976). Metacognitive aspects of problem solving. In L. B. Resnick (Ed.), The nature of intelligence. Hillsdale, NJ: Erlbaum.

Flavell, J. H., & Wellman, H. M. (1977). Metamemory. In R. V. Kail & J. W. Hagen (Eds.), Perspectives on the development of memory and cognition. Hillsdale, NJ: Erlbaum.

Garner, R., & Reis, R. (1981). Monitoring and resolving comprehension obstacles: An investigation of spontaneous text lookbacks among upper grade good and poor comprehenders. Reading Research Quarterly, 16, 569-582.

Goodman, Y,. M. (1989). Evaluation of students: Srehcaet fo noctaulave. In K. S. Goodman, Y. M. Goodman, & W. J. Hood (Eds.), The whole language evaluation book (pp. 3-14). Portsmouth, NH: Heinemann Educational Books.

Hiebert, E. H., & Fisher, C. W. (1990). Whole language: Three themes for the future. Educational Leadership, 47, 62-64.

Langer, J. A. (1981). From theory to practice: A prereading plan. Journal of Reading, 25, 152-156.

Marek, A. et al. (1984). The kidwatcher's guide: A whole language guide to evaluation (Occasional Paper No. 9). Tucson, AZ: University of Arizona, Tucson Program in Language and Literacy.

Matthews, C. E. (1987). Lap reading for teenagers. Journal of Reading, 30, 310-413.

Patterson, C. J., Cosgrove, J. M., & O'Brien, R. G. (1980). Nonverbal indicants of comprehension and noncomprehension in children. Developmental Psychology, 16, 38-48.

Robinson, F. P. (1962). Effective reading. New York: Harper and Row.

Sanacore, J. (1991a). Administrative guidelines for supporting the whole language philosophy. Unpublished manuscript, Hofstra University, Department of Reading, Language, & Cognition, Hempstead, NY.

Sanacore, J. (1990a). Creating the lifetime reading habit in social studies. Journal of Reading, 33, 414-418.

Sanacore, J. (1991b). Free young children to read all kinds of text. Childhood Education, 67.

Sanacore, J. (1990b). Independent reading for remedial and at-risk students: The principal can make a difference. Reading Research and Instruction, 30, 56-65.

Sanacore, J. (1985). New ways of thinking about reading instruction. In S. J. Rauch & J. Sanacore (Eds.), Handbook for the volunteer tutor (2nd ed.) (pp. 84-106). Newark, DE: International Reading Association.

Singer, H., & Donlan, D. (1982). Active comprehension: Problem-solving schema with question generation for comprehension of complex short stories. Reading Research Quarterly, 17, 166-186.

Thelen, J. (1982). Preparing students for content reading assignments. Journal of Reading, 25, 544-549.

Trelease, J. (1989). The new read-aloud handbook. New York: Penguin.